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## SCARLET FEVER AND THE SCHOOLS

The relationship between the aggregation of children in schools and the rate incidence of some of the commoner communicable diseases, has always been an important question. It is of particular significance in the case of scarlet fever. A casual consideration of the general facts leaves one in doubt as to the relative merits of the two contentions, one of which, insisting on the close connection between scarlet fever and the school months, the other stoutly maintaining that scarlet fever incidence is only slightly affected through the bringing together of the children.

It is recognized that there is a serious loss of the children's time resulting from the closure of schools, and from the wilful detention from schools by nervous parents, a nervousness which is of course oftentimes excusable. It seems probable that much of this is unfruitful as a method of preventing the spread of the disease. The arguments presented in a recent paper by Dr. D'Ewart, of the Manchester (England) Board of Education, which is abstracted in the Public Health notes in this issue, point out forcibly the dangers of jumping at too rapid conclusions to explain the well recognized increase of scarlet fever in the fall.

Scarlet fever control is a problem which worries and perplexes health officials. Many modern methods of sanitation have apparently failed to cope with this disease, and decrease in both morbidity and mortality are hard to bring about even where there is a good system of inspection of schools.

Is there not too much of a tendency to patiently await the discovery of the scarlet fever organism with the expectation of finding a solution of the problem there? While the discovery of the organism would be a noteworthy advance, yet it does not follow that it is at all a necessity. Yellow fever and smallpox can be effectively controlled as the result of observations and researches made without any exact knowledge of the parasites of the diseases.

We shall have to change our methods if we are going to effectively combat scarlet fever. In order to find out what changes are indicated, we need to have thorough epidemiological and statistical studies of scarlet fever in different sections of the country.

All kinds of variations in the number of cases and deaths are to be noted in a survey of scarlet fever returns from the large cities of the United States. A Southern health officer has suggested the possible relationship of temperature to

explain the paucity of cases in his city. Opportunities for school infection are certainly not lacking there.

The thorough studies on typhoid fever that have been made in several American cities during the past decade suggests the need for investigations of a like nature for scarlet fever. The JOURNAL will be glad to receive communications from public health and education authorities on the whole question of the influence of schools as propagators of communicable disease.

## A NOTABLE INNOVATION

It is interesting to look back over the span of years since the New York Department of Health placed tuberculosis on the list of reportable diseases. At that time, there was much opposition to the plan and at first the Department only required the reporting of cases by institutions, it being merely requested that physicians report their private cases. Eventually the ordinance became mandatory for both institutional and private cases. The recent decision of this same Health Department to treat social diseases in a like manner is of unusual importance.

The first step has been taken in requiring the reporting of all cases of social diseases by institutions and dispensaries, and physicians are requested to report cases coming to their attention in their private practice. It will be especially important to note how many cases of the latter will be reported. It is to be hoped that the physicians will respond and notify the Department of their cases, withholding the names if they so desire. No one denies the value of having a full reporting of cases of communicable disease, but the difficulties and pitfalls that beset the path of venereal disease control are many and differ in various respects from those confronting the control of tuberculosis, diphtheria, etc. Each step must be made with extreme caution, as a misstep might retard progress very materially. We wish the New York Department of Health success. If it can be demonstrated that this metropolitan city can get good results from this procedure, it might be a great incentive to other communities to take similar action.

## NOTICE TO HEALTH OFFICERS

It is the intention of the editors to devote a special section of the JOURNAL to a review of the annual reports of state, provincial, and local Boards of Health. In order that this may be done in a satisfactory manner, it is requested that the managing editor be placed on the mailing list of such departments so that there may be no delay in bringing to the attention of the readers of the JOURNAL the important work being executed in all parts of the country.

It is suggested that all other printed matter (Bulletins, Leaflets, etc.) issued by such departments be also forwarded. A column devoted to personal items would likewise prove of interest to our subscribers and notes of this kind will be gladly used whenever possible.

All reports, bulletins, notes, etc., should be sent to the Managing Editor, AMERICAN JOURNAL OF PUBLIC HEALTH, 755 Boylston Street, Boston, Mass., U. S. A. A circular letter containing these requests will shortly be mailed to the State, Provincial and Municipal health departments. It is suggested that public health officers do not wait for this, but place the name of the Managing Editor on their mailing list without delay. It is earnestly desired to have the JOURNAL thoroughly represent the Public Health authorities of the four countries belonging to the American Public Health Association and to that end the co-operation of everyone interested is needed.